



Use this form only if you and your spouse were not required to file a federal income tax return for the last two tax years and you cannot obtain IRS verification of non-filing status.

## Declaration of Non-filing Status

Complete and sign the top portion of this form (must be signed by both member and spouse, if any). If a financial sponsor, other community organization, or clinic is assisting you with filling out this form, the lower portion must be completed and signed by a representative designated by that organization.

Member's Name \_\_\_\_\_ Basic Health I.D. # \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Phone Number (      ) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Please explain why you cannot provide IRS documentation: \_\_\_\_\_

I/we certify that I/we have provided all available income documentation as requested by Basic Health. I/we were not required to file an income tax return with the Internal Revenue Service for the last two tax years and cannot obtain IRS verification of non-filing status.

Member's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

You will still be required to complete a formal recertification at least once a year, even if you return this form. If Basic Health finds that the state has paid too much of your premium, you may be required to repay any overpayments. If we find that you withheld or gave false information on purpose, Basic Health can require you to repay up to twice the amount the state paid for your coverage.

### For Representatives of Community Organizations, Sponsors, or Clinics

I, \_\_\_\_\_, certify that I have met with the above-referenced member and have explained the importance of reporting all income to Basic Health and providing all available income documentation. I am satisfied that he/she has complied with the request for income documentation to the extent possible.

Name of Representative (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Organization Name \_\_\_\_\_ Phone (      ) \_\_\_\_\_

Organization Address \_\_\_\_\_

Washington State law may require disclosure of any information you submit as a public record. The Health Care Authority's (the agency that administers Basic Health) Privacy Notice is available upon request by calling 360-923-2822 or go online [www.hca.wa.gov](http://www.hca.wa.gov).

